DOCUMENT RESUME

ED 276 960 CG 019 577

AUTHOR Bailey, Eric J.; Young, Rosalie F.
TITLE The Effects of Caregiving on the Family.
PUB DATE Nov 86
NOTE 11p.; Paper presented at the Annual Scientific Meeting of the Gerontological Society (39th, Chicago, IL, November 19-23, 1986).
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Daughters; *Family Relationship; *Mental Health; *Older Adults; *Racial Differences; *Sex Differences; *Social Support Groups; Spouses; Stress Variables
IDENTIFIERS *Caregivers

ABSTRACT

The topic of caregiving was investigated with respect to the burden experienced by primary caregivers of older persons who had recently suffered a myocardial infarction. Structured interviews were completed with 104 primary care providers who were part of a larger National Institute on Aging funded survey. The caregivers were of both sexes and differed in their relationships to the patients. Data were analyzed both quantitatively and qualitatively. Scores varied significantly by sex and relationship to patient, but showed little racial difference. Burden levels were higher among women than among men; daughters and spouses were more likely to perceive the caregiving role as stressful; and blacks and whites exhibited comparably similar high burden levels. Burden was found to be significantly correlated with several outcomes. The highest relationship was between burden and mental health problems. As burden level increased, perceived mental problems also increased. Positive affect was significantly associated with lower levels of burden. Physicians, respite care programs, public programs, and caregivers themselves can help to ease caregiver problems. (Author/NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED276960

THE EFFECTS OF CAREGIVING ON THE FAMILY

Eric J. Bailey, M.A. and Rosalie F. Young, Ph.D.
Department of Anthropology
Wayne State University
Detroit, MI 48202

Department of Community Medicine
Wayne State University
Detroit, MI 48201

CG 019577

Presented to the Gerontological Society of America, Annual Meeting, Chicago, Ill., November, 1986

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Eric J. Bailey

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

ABSTRACT

The topic of caregiving was investigated with respect to burden experienced by primary caregivers of older persons who recently suffered a myocardial infarction. Data are presented from structured interviews of 104 primary care providers who were part of a larger NIA funded survey. The caregivers were of both sexes and differed in relationship to patient. Data were analyzed quantitatively and qualitatively. Findings indicated the following: caregivers experience both burden and emotional problems; these two are related; daughters and spouses are most likely to perceive the caregiving role as stressful; burden levels are higher among women than men; blacks and whites exhibit comparably similar high burden levels. Reasons for these findings are presented as well as suggestions for services to overburdened caregivers.

METHODS

Elderly heart patients and their primary caregivers in the Detroit Metropolitan area were sampled, using hospital records of admissions to Coronary Care Units for myocardial infarction. Persons were designated as primary caregivers if patients identified them as principally responsible for providing or coordinating services to the patient.

The Zarit Burden Inventory, a 29-item self-report scale, was the measure of burden. Other validated measures of personality type, coping strategies, anxiety, depression, life-events and social support were administered. Additionally, open-ended questions were asked to probe the caregiving experiences. Open-ended questions were critically analyzed to ascertain underlying themes. Standard statistical techniques were used to determine relationships of variables and other quantitative concerns.

FINDINGS

a. Demographics

Mean caregiver age was 61 years, ranging from 23 to 88. Eighty percent of the care providers were female. Blacks comprised 29% of the respondents. Relationship to patients included: husbands (19%), wives (41%), daughters (15%), sons (1%), nieces (49%), siblings (4%), other family (4%), friends (5%) and other (7%). Religious affiliation was primarily Protestant (48%). Mean educational level was 11 years.

b. Burden

Mean scores on the Zarit Burden Inventory exceeded 33 (scores greater than 31 are considered high). Scores varied significantly by sex and relationship to patient, but showed little racial difference. The mean score for females was 35.3 (SD = 12.5) whereas the mean for men was 28.9 (SD = 8.9). Score differences according to caregiver relationship to patients were as follows: daughters (42.5), nieces (45.7), wives (34.4), husbands (29.7), sibling (31.6), friend (30.3), son (26.7), other family (22.4) and other (20.7). Blacks and whites were not significantly different (33.2 to 34.3).

Burden was found to be significantly correlated with several outcomes. The highest relationship was between burden

and mental health problems (determined by the SCL-58). As burden level increased, perceived mental problems also increased ($r = .55$, $p = .01$). Affect was also significantly correlated with burden. Positive affect was associated with lower levels of burden ($r = .21$, $p = .03$).

PHENOMENOLOGICAL ASPECTS OF BURDEN

Caregivers indicated burden in a number of ways, according to responses to open-ended questions. These are illustrated below.

Case 101: This elderly woman was previously a caregiver for her mother but experienced a heart attack herself. Nurses told her not to do all the activities for her ailing mother. She felt compelled or obligated to be the primary caregiver, despite the effects on her health.

Case 72: "Take one day at a time. Don't expect help from others and don't be disappointed if it doesn't arrive, just be grateful if it does."

Not all caregivers were adversly affected. Several felt that the experience had improved their lifestyles. Case 57 illustrates the positive aspects of caregiving.

Case 57: "Caring made me feel better because I had to do walking in going to the hospital and it helped my arthritis because I was getting more exercise and helping us to eat better because we are on this low salt diet and I'm losing weight."

In many cases, caregivers emphasized the importance of caring and also the need for patience.

CONCLUSIONS AND RECOMMENDATIONS

This research addressed the impact of the caretaking role on the provider of care. Findings showed:

1. Gender was an important factor in perceived burden.
2. Relationship to patient was also important in assessing burden.
3. Mental health is significantly associated with burden.

Since adult children and spouses are generally assigned the caring role, burden is an important consideration for society. Recommendations to ease problems are:

1. Physicians can prepare the spouse and children for difficulties to be encountered in convalescence (Skelton, 1973, suggests that they be seen at least twice during the elderly patient's period in the hospital and upon discharge).
2. Respite care programs which offer day and home care services can be made available to relieve the caregiver some of their daily responsibilities.
3. Caregivers themselves must plan realistic goals in fulfilling the roles and responsibilities that believe they should carry out.
4. Public programs and policies should be directed to assist caregivers.

If these new services become widely available, we can then maximize the potential of spouses, children, relatives, friends and neighbors in support of the dependent elderly adult.

CAREGIVER BURDEN (ZARIT MEASURE)

Table 1: Perceived Burden: Gender Differences

Zarit Burden Scale

	N	Mean	SD	T-value	DF	2-Tail Prob
Men	21	28.9	8.9			
				-2.19	102	0.03
Women	83	35.3	12.5			

Table 2: Perceived Burden: Racial Differences

Zarit Burden Scale

	N	Mean	SD	T-value	DF	2-Tail Prob
Blacks	30	33.2	12.4			
				0.43	102	0.66
Whites	74	34.3	12.0			

Table 3: Perceived Burden: Caregiver Relationship to Patient

Zarit Burden Scale

	N	Mean	D
Husband	20	29.7	7.2
Wives	43	34.4	12.6
Daughters	16	42.7	12.6
Son	1	26.7	3.8
Nieces	4	45.7	19.7
Siblings	4	31.6	19.7
Other Family	4	22.4	19.7
Friend	5	30.3	18.6
Other	7	20.7	16.7

F ratio = 2.7 F probability = .008

Table 4: Burden and Mental Health, Affect

Pearson's Correlations

	1. Burden	2. Mental Health	3. Affect
1. Burden	1.00	0.55**	-0.21*
2. Mental		1.00	-0.34**
3. Affect			1.00

* P < .05

** P < .01